

008-3569 MHP

RECEIVED 8.11.08

AUG 13 2008

To Whom It May Concern,

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT

I'VE MADE SEVERAL ATTEMPTS TO HAVE THE TRUST ACCOUNT STATEMENT" AND THE "CERTIFICATE OF FUNDS" FORM FILLED OUT BY THE TRUST ACCOUNT OFFICE. HOWEVER I HAVE YET TO RECEIVE A RESPONSE OR ANY TYPE OF COOPERATION FROM THEM. I HAVE ENCLOSED THE ACTION REQUEST" COPY AS WELL AS A GRIEVANCE FORM SEEKING RELIEF IN THIS MATTER. I WOULD LIKE TO HAVE AN EXTENSION BECAUSE MY FILING DEADLINE IS 8.25.08. THANK YOU FOR YOUR TIME AND ASSISTANCE IN THIS MATTER.

RESPECTFULLY



**PRISONER ACTION REQUEST / PETICION PARA PEDIR AYUDA**

**Instructions:** If you have a particular need or request that can be taken care of by the staff of this jail, please fill out this form and give it to your housing deputy. Keep the pink copy.

**Instrucciones:** Si necesita algo que le puedan conceder los empleados de la carcel, por favor llene esta forma y entreguela al carcelero.

Quedarse con la copia rosa.

Name: George Casiano

Today's Date: 7-31-08

Date of Arrest: 6-4-08

Nombre:

Fecha de hoy:

Fecha de arresto:

Location: CJ2 B-BLOCK

# 15

Wristband #: 2370904

Sentenced?

Yes / Si

Localidad:

Jail #/ Cell #/

# de pulsera:

¿Sentenciado?

No / No

# de carcel # de celda

**Subject (check one): / Clase de Asunto (Indique uno):**

Legal Assistance  
Asistencia legal

Mail Problem  
Problema de correo

Medical Problem  
Problema de medico

Money Problem  
Problema de dinero

Other  
Otra clase de problema

**Commissary Problem: / Problema de comisario:**

Balance Incorrect  
El balance es incorrecto

Credit not received  
No ha recibido credito

Order Incorrect  
La orden esta incorrecta

Other  
Otra Cosa

**Describe Request / Escriba su peticion:** NEED TRUST ACCOUNT STATEMENT FILLED OUT FOR  
LAST (6) MONTHS (COPY). ALSO NEED ATTACHED FORM FILLED OUT. THANK  
YOU FOR YOUR TIME AND ASSISTANCE.

**Response by Staff / Respuesta de empleado:** \_\_\_\_\_

**Staff Signature / Firma de empleado:** \_\_\_\_\_

**Date/Fecha:** \_\_\_\_\_

White/Blanca: Front Office/Oficina

Yellow/Amarilla: Front Office/Oficina/Requesta de Oficina

Pink/Rosada: Prisoner/Pedir Ayuda

SFSD PAR F-06 Revised 04/2005

**San Francisco County Jail Facility****Prisoner Grievance Form**

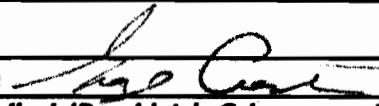
<b>Type of Grievance</b> <i>(Place an X in the corresponding category)</i>		Date / Time: Facility: Deputy / Star# Code Log Number
Classification	Jail Medical Services	10/12/2008 CJC TUMANAK # 1885
Psych Services	Food Services	
Telephone	Other	

**Prisoner's Name:** GEORGE CASTRO      **Jail #** 2370901      **Cell #** D-342K/F13

**Grievance (Please be specific: time, date, etc.)**

ON 7-31-08 I SUBMITTED "A PRISONER ACTION REQUEST" TO TRUST ACCOUNT OFFICE REGARDING "A TRUST ACCOUNT STATEMENT" FOR THE LAST SIX MONTHS. ALSO ACCOMPANYING THE REQUEST WAS A "FORMAL PROPERIS" FORM TO BE COMPLETED BY TRUST ACCOUNT OFFICE. MY DEADLINE IS 8-25-08 FOR FILING, I WOULD LIKE TO HAVE THE FORM COMPLETED AND RETURNED. BEING THIS IS LEGAL DOCUMENT CONCERNING A CLAIM AGAINST THE STATE. THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER.

RESPECTFULLY SUBMITTED

**Prisoner's Signature** 

*Must be signed for all Medical / Psychiatric Grievances. I hereby authorize Jail Health Services to disclose information contained in my records which pertain to the above complaint to the Sheriff's Department.*

**Prisoner's Signature**

*Note: After you have finished and signed this form, take your PINK copy for your records.*

**Staff member's response:**

**Signature:**

**Date:**

**Prisoner's Signature:**

**Satisfied With Response**

**Prisoner Appeal**

**Supervisor's response:**

**Signature:**

**Date:**

**Prisoner's Signature:**

**Satisfied With Response**

**Prisoner Appeal**

**Facility Commander response:**

**Signature:**

**Date:**

**Upheld Grievance Response**

**Orginal (Facility Copy)**

**Gold (Response To Prisoner)**

**Pink (Prisoner Copy)**

George Castro  
#237090 8/13  
80 Bryant St.  
S.F.C.A. 94103

SAN FRANCISCO CA 941

12 AUG 2008 PM 74



USA 42

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